



Museums Association of India

Secretary's Office:

Allahabad Museum, Chandrashekhar Azad Park, Kamla Nehru Road, Prayagraj, UP - 211002, INDIA

Phone: 09811813180, E-mail: thesecretary.mai@gmail.com

MEMBERSHIP APPLICATION FORM

(Associate[#]/ Institutional[#]/ Business^{\$}/ Life)

**Affix Passport size
photograph***
(Mandatory)

Membership Applied for: _____

Name : _____

Profession : _____

Office Address : _____

Res. / Cor. Add. : _____

Tel. _____ Fax _____ Mobile _____

E-mail* _____

Address to be used as main contact information : Office/ Residential/ Correspondence

Prof. Qualification : _____

(Please attach Bio-data)*

Year of Experience (In Field): _____

(Please attach Bio-data)*

Publication, if any : _____

(Please attach Bio-data)*

Declaration by Applicant*

I, _____ do hereby declare that I am a resident of _____ (name of residing city/ place) and do not engage in dealing (i.e. buying and selling for profit) in the field of cultural property and hereby agree to abide the Rules and Regulations framed under the Bye-laws of the MAI from time to time. If anything found wrong or misconduct done by me to MAI & its members, my membership is liable to be cancelled & the Executive Body of MAI have the rights to take necessary action against me.

Place: _____

Signature _____

Payment of Fee*: Mode (Cash/DD/Cheque) _____ Amount (Rs.) _____

If, by DD/ Cheque No. _____ Date _____

Name of Bank & branch _____

Declaration by Introducer*

I hereby declare that Dr./Sh./Smt./Miss _____ S/o, W/o, D/o _____ is known to me personally and keeping in view of the Bye-laws and Aims and Objectives of the MAI, I am of the opinion that he/she is fit to be member of the MAI. To the best of my knowledge the information furnished by him/her is correct. I shall be responsible individually for his compliance of Rules and Regulations framed under the Bye-laws of the MAI.

Member's Signature _____

Full name _____

Address _____

LM No. _____

(FOR OFFICE USE ONLY)

Membership No. _____ Year _____

Receipt No. _____ Date _____

(Treasurer)

(Secretary)

Membership Fee Details: -

- | | | |
|--|---|--|
| 1. Admission Fee (For all new memberships) | : | Rs. 100/- * |
| 2. Associate Membership [#] | : | Rs. 2,000/- |
| 3. Life Membership | : | Rs. 8,000/- |
| 4. Business Membership ^{\$} | : | Rs. 8,000/- (for business person) |
| 5. Institutional Membership [#] | : | Rs. 12,000/- (National level Museum), Rs. 8,000/- (State Level Museum), Rs. 5,000/- (Small Museum) |

Note:-

1. Membership is subject to the approval by the Executive Body of MAI.
2. Kindly fill-up both sides of the form and submit in back-to-back/ duplex/double sided printing and submit with your Bio-data/CV.
3. Application shall not be entertained without 'Declaration by Introducer'.

* MANDATORY FOR ALL.

[#] FOR ONE YEAR ONLY. Students shall also be allowed under Associate membership.

^{\$} FOR THREE YEARS ONLY (Membership may be extended upon due active participation in MAI events for consecutive three years)

Place: _____

Date: _____

Signature of applicant: _____